THE DIVISION OF HEALTH OF MISSOURI

## STATEMENT BY LICENSED EMBALMER

	Student Embelmer No. 335
working under my personal supervision.	Signed 2 2
Student Embalmer	Licensed Embalmer No. 257
·	P. O. Address

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed; fact should be so stated above.